

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name JERRY R. TURNER
Full Address 1290 CARROLLVILLE RD., BALDWIN, MS. 39824
Telephone 662-365-5135 (Fax) 662-365-5135
E-mail jerryturner@yahoo.com
Office Sought STATE REPRESENTATIVE Political Party REPUBLICAN

RECEIVED
JAN 12 2010

Secretary of State
Capital Office

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized) This Period Calendar year-to-date

Total amount of contributions	1,500.00	\$	200.00	\$	1,700.00
Total amount of disbursements	2,612.85	\$	60.00	\$	2,672.85
Total amount of cash on hand		\$	4640.17		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Jerry R. Turner
Signature of Candidate

01-08-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee JERRY R. TURNER
 Reporting period 1-1-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Deanna Pacifica</u>		<u>11/05/09</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 61270</u>		<u>12/09/09</u>	\$ <u>250.00</u>
City, State, Zip Code <u>Phoenix, AZ 85082-1270</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Community Financial Ser. Assn. of America</u>		<u>7/03/09</u>	\$ <u>500.00</u>
Mailing Address <u>135 N. Church St.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>SPARTANBURG, SC 29306</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT ET MS. PAC</u>		<u>12/09/09</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. CAPITAL ST. LANDMARK CENTER Rm 703</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee JERRY R. TURNER
 Reporting period 1-1-09 through 12-31-09

ITEMIZED DISBURSEMENTS

A. Full name <u>BALDWIN HIGH SCHOOL</u>	Date (Mo., Day, Year) <u>1/11/09</u>	Amount of each disbursement this period \$ <u>55.00</u>
Mailing Address <u>107 W. MAIN ST</u>		
City, State, Zip Code <u>BALDWIN, MS 38824</u>	<u>1/1/09</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>55.00</u>
B. Full name <u>CLEAR CHANNEL</u>	Date (Mo., Day, Year) <u>1/15/09</u>	Amount of each disbursement this period \$ <u>140.00</u>
Mailing Address <u>P.O. Box 934267</u>		
City, State, Zip Code <u>ATLANTA, GA. 31193-4267</u>	<u>2/23/09</u>	\$ <u>140.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>↓</u>
C. Full name <u>CLEAR CHANNEL</u>	Date (Mo., Day, Year) <u>4/17/09</u>	Amount of each disbursement this period \$ <u>140.00</u>
Mailing Address <u>- ABOVE -</u>		
City, State, Zip Code	<u>1/1/09</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>420.00</u>
D. Full name <u>Guntown Lions Club</u>	Date (Mo., Day, Year) <u>4/16/09</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address <u>555 CR 2578</u>		
City, State, Zip Code <u>Guntown, MS 38849</u>	<u>1/1/09</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200.00</u>
E. Full name <u>NORTHEAST MS. BASKETBALL</u>	Date (Mo., Day, Year) <u>5/8/09</u>	Amount of each disbursement this period \$ <u>85.00</u>
Mailing Address <u>CUNNINGHAM BLVD.</u>		
City, State, Zip Code <u>BOONEVILLE, MS. 38829</u>	<u>1/1/09</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>85.00</u>
F. Full name <u>LEE COUNTY COURIER</u>	Date (Mo., Day, Year) <u>5/21/09</u>	Amount of each disbursement this period \$ <u>82.50</u>
Mailing Address <u>303 WEST MAIN ST.</u>		
City, State, Zip Code <u>TUPELO, MS. 38804</u>	<u>9/15/09</u>	\$ <u>165.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>247.50</u>

Name of Candidate or Committee JERRY R. TURNER
 Reporting period 1-1-09 through 12-31-09

ITEMIZED DISBURSEMENTS

A. Full name <u>SALTILLO BOOSTER CLUB</u>	Date (Mo., Day, Year) <u>8/13/09</u>	Amount of each disbursement this period \$ <u>350.00</u>
Mailing Address <u>146 TIGER DR.</u>		\$
City, State, Zip Code <u>SALTILLO MS. 38866</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>350.00</u>
B. Full name <u>GumTree CLASSIC WALKING HORSE SHOW</u>	Date (Mo., Day, Year) <u>10/15/09</u>	Amount of each disbursement this period \$ <u>50.00</u>
Mailing Address <u>1400 FILLMORE</u>		\$
City, State, Zip Code <u>TUPELO MS 38801</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>50.00</u>
C. Full name <u>ALEC</u>	Date (Mo., Day, Year) <u>10/30/09</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address <u>1101 VERMONT AV., NW, 11TH FLOOR</u>		\$
City, State, Zip Code <u>WASHINGTON, D.C. 20005</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200.00</u>
D. Full name <u>COUNTRY INN</u>	Date (Mo., Day, Year) <u>12/2/09</u>	Amount of each disbursement this period \$ <u>550.00</u>
Mailing Address <u>Hwy. 45 N.</u>		\$
City, State, Zip Code <u>BALDWIN MS. 3882X</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>550.00</u>
E. Full name <u>BALDWIN BOOSTER CLUB</u>	Date (Mo., Day, Year) <u>12/12/09</u>	Amount of each disbursement this period \$ <u>110.00</u>
Mailing Address <u>107 WEST MAIN ST.</u>		\$
City, State, Zip Code <u>BALDWIN MS. 3882X</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>110.00</u>
F. Full name <u>DISCOVER CARD</u>	Date (Mo., Day, Year) <u>—/—/—</u>	Amount of each disbursement this period \$ <u>260.35</u>
Mailing Address <u>P.O. Box 30943</u>		\$
City, State, Zip Code <u>SALT LAKE CITY, UT. 84130</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>260.35</u>

Name of Candidate or Committee JERRY R. TURNER
 Reporting period 1-1-09 through 12-31-09

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>NORTHEAST MS. SOFTBALL COACHES ASSOC.</u>	<u>5/8/09</u>	\$ <u>85.00</u>
Mailing Address		\$
<u>P.O. Box 95</u>	<u>___/___/___</u>	\$
City, State, Zip Code		\$
<u>TIPLERSVILLE, MS. 38674</u>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>85.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$